

## **CHANGE IN BENEFITS as of JULY 1, 2002**

As of June 30, 2001, The Utah Medical Assistance Program(UMAP) ends. The Primary Care Network (PCN) Program starts July 1, 2002.

The **PCN** may be available to you if you are between age 19 and 64 and not eligible for Medicaid. Services include primary medical services provided in a physician's office, but **with limitations**. **Specialty physician care is not covered.**

### **Eligibility:**

You will be eligible for the PCN Program if:

- You are age 19 through 64.
- You do not qualify for Medicaid.
- Your income is equal to or less than 150% of the federal poverty level (\$1,108.00 per month for one person; \$1,493 per month for two persons).
- You do not have other health insurance, Medicare, or Veterans benefits.

You must pay a \$50 annual enrollment fee to receive coverage under PCN.

**The Medicaid card will be yellow.**

### **Services Covered:**

- Emergency hospital services, limited only to emergency services provided in an emergency room.
- Physician services provided by a primary care physician in the physician's office. There are limits.
- General preventive services and health education provided by the primary care physician.
- Laboratory and radiology services only as part of the primary care services in the primary care physician's office, by his staff under his supervision. There are limits.
- Pharmacy services, limited to four prescriptions per month.
- Dental services to include examinations, x-rays, cleaning, and fillings
- Vision services, limited to an examination once per year.
- Medical supplies and equipment. There are limits.
- Emergency Transportation services, limited to ambulance services for medical emergencies.

### **Services not covered in this plan, but not limited to this list, are:**

- Inpatient hospital services
- Specialized physician services
- Physical therapy, occupational therapy services
- Mental health services
- Substance abuse services
- End stage renal disease, dialysis
- Speech-language and audiology services
- Podiatry services
- Long term care

**While inpatient hospital care and specialty physician care are not covered benefits, we will try to coordinate care for those need these services.**

### **Co-payment and Co-insurance:**

The PCN program will require co-payments and co-insurance payments. You are responsible for these payments:

- Emergency use of the emergency room – a \$30 co-payment for each emergency visit. The PCN will not pay for non emergency use of the emergency room.
- Physician and physician related services – a \$5 co-payment per visit. No co-payment for preventive and immunization services.
- Laboratory services – a co-payment of 5% of allowed amount if the charges are over \$50 and no charge if the allowed amount is \$49 or less.
- X-ray services – a co-payment of 5% of allowed amount if the charges are over \$100 and no charge if the allowed amount is \$99 or less.
- Dental services – a co-payment of 10% of the allowed amount.
- Vision services – a co-payment of \$5 per visit.
- Prescription drugs - a co-payment of (a) \$5 for generic and brand name medications on the approved list. (b)25% of the Medicaid payment for brand name drugs not on the approved list.
- Durable Medical Equipment (DME) – a 10% co-insurance of the allowed amount.

There is a **maximum out-of-pocket** cost for all co-payment and co-insurance payments of **\$1000 per calendar year** per individual.

### **How You Enroll in PCN**

In mid-June, we will notify you of the closure of your UMAP case. **Read that whole notice.** It will tell you the steps to enroll in PCN.

Briefly, you will send in a simple one-page form or call your eligibility worker. The worker will determine your eligibility for PCN.

If you are eligible, you will have to pay the \$50 enrollment fee. After that, we will approve PCN.

When you get the June notice, please make the phone call or send the one page form quickly. We will act on your eligibility just as quickly as we can after you contact us.

**For questions about PCN eligibility call 538-7088 or 1-800-310-6949**